

**AMENDMENTS TO THE SPECIFICATION**

Please amend paragraphs [0005], [0009], and [0015] the specification as follows:

[0005] A variety of subcutaneously implantable access ports have been utilized by physicians to deliver fluids to, or to withdraw fluids from the blood stream or other subcutaneous cavities inside a patient. One example of such an access port includes a needle-impenetrable housing, which encloses one or more fluid cavities and defines for each [of] such fluid cavity an access aperture communicating through the housing on the side thereof, which is adjacent to the skin of the patient when the access port is implanted in the body of a patient. A needle-penetrable septum is received in and seals the access aperture. An exit passageway[[s]] located in a port stem communicates[.] with the one or more fluid cavities for dispensing medication ~~there from therefrom~~ to a predetermined location in the body of the patient through an implanted catheter attached to the access port. Typically, the catheter is connected to the access port by placement of the proximal end of the catheter over the port stem. A locking sleeve or ring may be placed over the catheter at the proximal region of the catheter to secure the catheter on the port stem.

[0009] One common problem encountered in the use of access ports relates to the process of connecting the catheter to the access port during the implantation of the access port. The connection is most commonly accomplished by placement of the proximal portion of the catheter over a port stem protruding from the housing of the access port. However, it is generally difficult to determine the amount of engagement of the catheter onto the port stem. For example, some catheter connection systems do not allow visual verification of attachment. In other designs where the physician can visualize the catheter connection, it is generally up to the physician to independently ~~determine~~ determine the proper placement of the catheter over the port stem. As the result, either due to over-insertion or under-insertion of the port stem into the catheter, leakage and failure can occur.

**[0015]** The present invention may provide an access port which can be consistently connected to a catheter that cannot be trimmed at the distal end thereof. The present invention may also provide an access port[[s]] that may be connected directly to a catheter without any intermediate member between the catheter and the port stem. In addition, the port stem may have a barb or other structural profile on its outer surface to provide positive retention of the catheter thereupon. The marking may be in a position on the port stem such that when the proximal end of the catheter is aligned with the marker the catheter fully extends over the barb thus achieving a quality seal between the port stem and the catheter. As discussed earlier, locking mechanisms may be placed around the catheter to provide additional support to maintain the connection between the port stem and the catheter.